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Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

Drug Utilization Review Board
Meeting Agenda, Open Session
April 10, 2019 10:00 a.m. – 2:00 p.m.

Meeting Location
DXC Technology, Building #283, Capital Room
6511 SE Forbes Ave, Topeka, KS 66619

Board Members

Moneeshindra Mittal, MD
James Backes, PharmD
Jennifer Clair, MD
Katie Burenheide Foster, PharmD, MS, BCPS, FCCM
Roger Unruh, DO
LaTonyua Rice, PharmD, CGP
Serena Stutzman, APRN

KDHE-DHCF Staff

Annette Grant, RPh
Victor Nguyen, PharmD
Markie O'Donnell, Transcriptionist

DXC Technology/HID Staff

Karen Kluczykowski, RPh
Kathy Kaesewurm, RN, BSN
Taylor DeRuiter, PharmD
Ariane Casey, PharmD

MCO Staff

Allen Carter, PharmD, **Aetna Better Health of Kansas**
Angie Zhou, PharmD, **Sunflower State Health Plan**
Jennifer Murff, RPh, **UnitedHealthcare Community Plan**

I. CALL TO ORDER

A. Announcements and Introductions

II. OLD BUSINESS

A. Review and Approval of January 9, 2019 Meeting Minutes

III. NEW BUSINESS

A. New Preferred Drug List (PDL) Class

1. **CGRP RECEPTOR ANTAGONISTS**
   At the March 2019 PDL meeting, the committee approved the addition of CGRP Antagonists to the PDL. Standard non-preferred prior authorization criteria are being proposed for this new class to allow access to non-preferred agents.
   i. Non-Preferred PDL PA Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **CORTICOSTEROIDS – OPHTHALMIC**
   At the March 2019 PDL meeting, the committee approved the addition of Ophthalmic Corticosteroids to the PDL. Standard non-preferred prior authorization criteria are being proposed for this new class to allow access to non-preferred agents.
   i. Non-Preferred PDL PA Criteria
   ii. *Public Comment
   iii. Board Discussion

3. **LEUKOTRIENE MODIFIERS**
   At the March 2019 PDL meeting, the committee approved the addition of Leukotriene Modifiers to the PDL. Standard non-preferred prior authorization criteria are being proposed for this new class to allow access to non-preferred agents.
   i. Non-Preferred PDL PA Criteria
   ii. *Public Comment
   iii. Board Discussion

B. Revised Prior Authorization (PA) Criteria

1. **NON-PREFERED PDL PA CRITERIA**
   The Non-preferred PDL PA criteria were last updated in July 2018. This revision includes adding criteria for utilization of inhaled products in nebulized dosage forms.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **ADVANCED MEDICAL HOLD MANUAL REVIEW (AMHMR) PA**
   The AMHMR PA criteria functions as a pre-approval management process for new-to-market drugs or new formulations thereof, until the DUR Board can give a full review and make a determination on permanent PA criteria. The AMHMR PA was approved in October 2018 and is being revised to extend the time period to allow for data review before making a request for permanent PA.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

3. **ANTI-EMETICS: NEUROKININ 1 (NK-1) ANTAGONISTS/NK-1 ANTAGONIST COMBINATIONS**
   The prior authorization criteria were first approved in April 2018 and are being revised to include the intravenous formulation of Akynzeo® (fosnetupitant/palonosetron) to ensure appropriate use based upon the FDA-approved labeling information and be consistent with similar agents.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

4. **HEPATITIS C AGENTS**
   The criteria and transition to a class PA were initially approved in July 2018. This revision includes removal of the provider specialty requirement and changes to the patient education and adherence criterion.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

5. **LONG-ACTING HEMOPHILIA FACTORS**
   Long-acting hemophilia agents are indicated for the treatment and control of bleeding episodes, perioperative management, and routine prophylaxis to reduce the frequency of bleeding. The prior authorization criteria were initially approved in July 2017. The revision includes addition of Jivi® and Esperoct® to ensure appropriate use based upon the FDA-approved labeling information and be consistent with similar agents.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

6. **OPIOID PRODUCTS INDICATED FOR PAIN MANAGEMENT**
   These criteria cover all short and long-acting opioids. This PA was last reviewed in October 2018. The prior authorization criteria are being revised to update the benzhydrocodone conversion factor, to address the chronic pain use renewal criteria, and to ensure appropriate use.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

C. New Prior Authorization (PA) Criteria

1. **CALCIMIMETIC AGENTS**
   Calcimimetics are medications used in the treatment of hyperparathyroidism as they mimic the action of calcium on tissues on calcium receptors to lower parathyroid hormone secretion without having to raise a patient's serum calcium levels. These criteria utilize the previously approved criteria for Sensipar® to create a new class PA that includes Parsabiv® for the purpose of consolidation, as well as to ensure appropriate use.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **HEMLIBRA**
   Hemlibra® is a humanized bispecific factor IXa- and factor X-directed antibody indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients ages newborn and older with hemophilia A (congenital factor VIII deficiency) with or without factor VIII inhibitors. The prior authorization criteria are being proposed to ensure appropriate use based upon the FDA-approved labeling information and be consistent with similar agents.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

3. **INTERLEUKIN-5 (IL-5) RECEPTOR ANTAGONIST AGENTS**
   These criteria will combine and supersede all previous criteria for interleukin-5 (IL-5) receptor antagonist agents. The prior authorization criteria are being proposed to ensure appropriate use based upon the FDA-approved labeling information and be consistent with similar agents.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

4. **TOPIRAMATE EXTENDED RELEASE**
   These criteria will combine and supersede all previous criteria for topiramate ER agents. The prior authorization criteria are being proposed to ensure appropriate use based upon the FDA-approved labeling information and to ensure cost effective use.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

5. **PDL EXPANDED CONSENT AGENDA ITEM**
   At the March 2019 PDL meeting, the PDL Committee approved to expand the Consent Agenda Item criteria, which would allow pre-approval of drugs to the PDL based upon the following: a) if the new drug is a racemic mixture, a single enantiomer, diastereomer, or isomer of a current PDL drug, or b) the new drug is a prodrug of a current PDL drug, or c) the new drug includes the active ingredient moiety of a current PDL drug in the same PDL class/category but differs by brand name or manufacturer.
   i. *Public Comment
   ii. Board Discussion

D. Mental Health Medication Advisory Committee (MHMAC)

1. **ANTIPSYCHOTIC MEDICATIONS – SAFE USE FOR ALL AGES**
   At the February 2019 MHMAC meeting, the committee revised the criteria for use of antipsychotic agents. The criteria were last reviewed in October 2018 and have been revised to include the agent Abilify MyCite®.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

E. Miscellaneous Items

1. **MANAGEMENT OF MEDICATIONS NOT ADDRESSED IN THEIR ASSOCIATED CLASS PA**
   There are areas of clinical concern which will be monitored via non-prior authorization methods.
   i. Presentation
   ii. Board Discussion

IV. OPEN PUBLIC COMMENT

V. ADJOURN

Lunch will be provided for the DUR Board members.
The next DUR Board meeting is scheduled for July 10, 2019.

*Public comment is limited to five minutes per product; additional time will be allowed at the DUR Board's discretion. Informal comments will be accepted from members of the audience at various points in the agenda.

****THIS AGENDA IS SUBJECT TO CHANGE****